State of Rhode Island
Department of State - Business Services Division

FILED
APR 04 2025
BY 173605

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
000006941	Design Fabricators, Inc.			
3. Principal Office Address		City	State	Zip
72 Stamp Farm Road		Cranston	RI	02921
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541410	Interior decorating, woodworking of all kinds, including architectural woodworking and casework			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Roberta A. Degraide			Vice-President Name: Denise Armstrong Florio		
Street Address: 72 Stamp Farm Road			Street Address: 72 Stamp Farm Road		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921
Secretary Name: Denise Armstrong Florio			Treasurer Name: Roberta A. Degraide		
Street Address: 72 Stamp Farm Road			Street Address: 72 Stamp Farm Road		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Roberta Degraide			Director Name: Denise Armstrong Florio		
Street Address: 72 Stamp Farm Road			Street Address: 72 Stamp Farm Road		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Class A Voting	None
1,800	Class B Non-Voting	None

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative: Roberta Degraide — Date: 3/27/25

Signature of Authorized Representative: Roberta Degraide

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023